

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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22		1				
23		1				
24	1					
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26		1				
27		1				
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30		1				
31	1					
32		1				
33		1				
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40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		0		0	
TOTAL DEP.	47		0		0	
TOTAL CLAIMS	50		0		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52			1			
53				1		
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
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64					1	
65					1	
66					1	
67					1	
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69					1	
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71					1	
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90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.	1		3		0	
TOTAL DEP.	0		46		0	
TOTAL CLAIMS	1		49		0	

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1		
102			1			
103						
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148						
149						
150						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	1	←	0	←
TOTAL CLAIMS	0	████	2	████	0	████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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194						
195						
196						
197						
198						
199						
200						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	████	0	████	0	████